

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 218
Registered No. 185

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 1050 Adonis Ave. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child James Edward Barney } If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ } 5. No., in order of birth. _____ } 6. Legitimate? yes } 7. Date of birth April 27 1930
Month Day Year

8. FATHER
Full name James Mitchell Barney
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
10. Color or race white
11. Age at last birthday 24 (Years)
12. Birthplace (city or place) Phoenix
(State or country) Arizona
13. Occupation Teacher, Grade school
Nature of Industry _____

14. MOTHER
Full maiden name Violet Doris Miller
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
16. Color or race white
17. Age at last birthday 18 (Years)
18. Birthplace (city or place) Ardenmore
(State or country) Oklahoma
19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother. 1 } (a) Born alive and now living. 1
(Taken as of time of birth of child herein } (b) Born alive but now dead. 0
certified and including this child.) } (c) Stillborn. 0
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 11:12 A m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature J. J. Miller
M.D.
(Physician or midwife.)

Given name added from a supplemental report. _____ Address Miami, Arizona
Month, day, year 128-427-549 Filed Apr 30 1930
Registrar. _____ Registrar.